11940

. IS RESIDENCE ON A FARM? YES IN NO

Year

19

Day

Days

farmer	own farm	Garrett	Co., Md.	U.S.A.
3. FATHER'S NAME		14: MOTHER'S MAIDEN	NAME	
Elijah Bitting	er	Eliza	Hare	
5. WAS DECEASED EVER IN U. S. ARMED FORCES		NFORMANT		ddress
		s. Margare	t Durst, Gr	antsville, Rd.
18. CAUSE OF DEATH [Enter only one cause	per line for (a), (b) and (c).]	11 1	0 . 0	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g)	Cerebro-	Vascular	acceda	nt Termina
33/X DUE TO	A 1	. 1	Ch	00
Conditions, if any, which) (b)	(interior	lerosu	Llener	alized
cause (a), stating the under-			,	
lying cause lost.) (c)				
PART II. OTHER SIGNIFICANT CONDITION	7	0%	LINAL DISEASE CONDITION O	GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
20a. ACCIDENT WAS UNDERLYING 1 20b	DESCRIBE HOW INJURY OCCURRE	naryand fast	Part las Part II at ilan 18)	A Honor YES NO Z
OR CONTRIBUTING TO CAUSE OF DEATH	. DESCRIBE HOW INJUST OCCURRE	D. (Errer nature of injury in	ran rat rate of new rate	
Havr a.m.		ACE OF INJURY (Home, for octory, street, office bldg., el		(County) (State)
21. I certify that I attended the de	ceased from Leb-	11.1957.10	201/8,195	Zthat I last saw the deceased
		/	QpM, from the causes	and on the date stated above
10,416)'/ m	I an	ADDRESS Istreet, city or tow	n, stole PATE SIGNED
SIGNATURE CHANGE	eachey!	M.D	misork	Le /10/11/20/
PHYSICIAN'S Ruth	Peachey	M.D.	***	
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCATION (City, town	
Burial 11/21/57	Grantsvil	le	Grantsvill	e, Garrett Co., Mc
SO PUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC	D BY REGISTRAR 246. RE	. /
By fluwman	Grantsville	. Md. DATOV	25 57 UNA	educh
y				

TO HOSPITAL TO FUN VS A15 (4) 15M 9/55

10A 52 1025

CERTIFICATE OF DEATH

	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11932 CERTIFICATE OF DEATH Reg. Di	11941 ist. No. /66
	PLACE OF DEATH a. COUNTY Garrett MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution, Resider a. Maryland b. COUNTY Garr	
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) Rural Gormania, W. Va. 75 yrs. C. CITY OR TOWN (If autside carporate limits, write RURAL and X / Rural Gormania, W. Va.	give nearest tawn)
00	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION O Mi. West Gormania, d. STREET ADDRESS 6 Mi. West Gormania	e. IS RESIDENCE ON A FARM? YES X NO
	N. NAME OF First Middle Loss 4. DATE Month OF OF OF ONE OF O	Day Year 1957
	6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Male Mite Widowed Divorced Nov. 5, 1882 9. AGE (In years left birthday) 75 yrs.	Days Hours Min
	Farmer Own Farm Maryland U.S	TIZEN OF WHAT COUND A_{ullet}
/	David Cooper Emmaa Lee	
0	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address NO (If yes, give wer or dates of service) Wrs. Brown Coo per R. D. Gorman	ia, W. Va .
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate code (a), stating the under- lying cause last. Cause last.	3 dys.
Ü	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 100. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RT 1(a) 19: WAS AUTOP PERFORMED? YES NO
		County) (Sto
	21. I certify that I attended the deceased from 1955, to 1957, that I alive on 1957, and that death occurred at 10Pe M, from the causes and on the causes are considered.	last saw the decer he date stated ab
1	PHYSICIAN'S Raiph Calandrella, M. D. Kitamiller, Md.	Nev. 9.5
	220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 11/10/1957 Fairview Cemetery Removes (Specify) 11/10/1957 Fairview Cemetery	· Va. (State)
	D. PUNERAL DIRECTOR'S SIGNATURE ADDRESS Oaklandd Md. 240. REC'D AY REGISTRAR 245 REGISTRAR'S SI	CALATURE II WE

CHUIRCATE OF GRATH

Restricted of historical and passed in

BUREAU K. E.

BECEINED

VS A15 (4) 15M 9/55

00

0

11942 Reg. Dist. No. **CERTIFICATE OF DEATH**

1.	PLACE OF DEATH a. COUNTY GARRETT MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY b. COUNTY
\vdash	b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 1b	c. CID OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	RURAL and give nearest town)	601.1-1 M
1	d. NAME OF HOSPITAL (If not in hospital, give street address)	ORANTSVILLE IND XX
	OR INSTITUTION	d. STŘEĚT ADDRESS e. IS RESIDENCE ON A FARM?
		YES NO Q
3.	NAME OF First Middle	Lost 4. DATE Month Day Year
	(Type or print) LEONARD DONAS	USTER DEATH NOV. 7 1957
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HSS. Months Days Hours Min.
	MALE WHITE WIDOWED DIVORCED	SEPT 22 1902 55 yrs. Months Days Hours Min.
100		
	Bank Laure Home BULDING	- Car 1 - 1/1 - 100 - 1 91 C (1
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	10111 M (15=50	Mary Roman
36	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	INFORMANT A Address A
(Y	th, no, or unknown) (If yes, give wor or dates of service)	informant in R. I I Address
	192-03-9921	The Have sender gransvelle, ynd
	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Cecute mus	ocarded inferction 15 mm
	420.0 DUE TO	
	Conditions, if ony, which) (b) Categorial	antichant deserge Smess
	gove rise to immediate Dus To	
	couse (a), stating the <u>under-</u>	
z	V-1	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
E S		PERFORMED?
FIC	20. ACCIDENT WAS INSPERIUS D. DESCRIPE HOW INSURED OFFICE	received VES NO
CERT	200. ACCIDENT WAS UNDERLYING TO BEB. DESCRIBE HOW INJURY OCCURNED OR CONTRIBUTING TO CAUSE OF DEATH OF THE PROPERTY MEDICAL EXAMINERS	D. (Busher noture of injury in Port I or Port It af ilem 18.)
3		LACE OF INJURY (Home, form, 20f. (City or town) (County) (Stale)
ED	Hour a.m. p. m. 19 at work at work	ictory, street, office bldg., etc.)
2	1 / "	. 17 9
	21. I certify that I attended the deceased from July	1956, to 7-7-7 1952, that I lost saw the deceased
	olive on 195/, and that death	h occurred at 92.00.M, from the couses ond on the dote stoted above
	ACTUAL P . H	ADDRESS (Street, city or town, state) DATE SIGNED
	SIGNATURE of Jacque Alveria	M.D. Salesbury Penne hor. 7 193
	PHYSICIAN'S A DAICE CTRONG	Cont of
	NAME (Type) 17, PHOE STRONG M	ID. JALISBURY, IA.
22	BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY O	OR CREMATORY 22d LOCATION (City, town, or county) (State)
14	REMOVAL (Specify) Burial 11-10-57 Casselman	Menonite Cem. Grantsville, Maryland
23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
1	Smald to Newman Thantaille Min.	DATE 1801 1 3 57 Day 1 - 1
	CARAMONE A LEVEL TO THE TOTAL CARE THE TOTAL CARE THE TELEVISION OF THE TELEVISION O	

DECEDAED

BUREAU V. S.

DEPUTY

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MERICAL EXAMINETES CHARFICATE OF DEATH

BUREAU V. Z.

NOV 12 1957

BECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CENTRICATE OF DEATH

BUREAU V. E.

Sec. 100 149

1961 98 AOI

DECEINED .

		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11945 /
		11936 CERTIFICATE OF DEATH Reg. Dist. No. / 6 6
1		PLACE OF DEATH 5. COUNTY Garrett MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 6. STATE B. COUNTY Garrett Garrett
	_	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Aural Deer Park C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) A Rural Deer Park,
00	c	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 5 Mi. So. Deer Park 6. IS RESIDENCE ON A FARM YES NOT
	0	NAME OF First Middle Lost 4. DATE Month Day Yeor DECEASED Susan Elvinaa Harvey DEATH November 17, 195
	5. S	Female 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 IF UNDER 24 IF UNDER 1 YEAR IF UNDER 1
		. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife Own Home Maryland 12. CITIZEN OF WHAT COUR U.S.A.
	13. (FATHER'S NAME Garrett Moon Ja ne Wilson
7	15. Yes.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Paul Harvey R D Deer Park, Md.
		1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Wyscardial Parture INTERVAL BETWEE ONSEJ AND DEAT ONSEJ AND DEAT
		Conditions, if ony, which gove rise to immediate cause (a), stating the under-lying couse lost. DUE TO (b) Alterestablished for the property of the course of the cause of t
2	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOF PERFORMED YES NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH
:	MEDICAL CE	(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year Pour a.m., Pour while pot work of work of work pot
		21. I certify that I attended the deceased from Magnet, 1957, to New 17, 19-7, that I last saw the deceased alive an 1957, and that death occurred at 10:15AM, from the causes and an the date stated at ADDRESS Street, city or town, stops 1
- /		SIGNATURE Herbert H. Jeighlor M.D. 77 Bak St. Cakland Md. No.
	220	NAME (Type) HETOETT H. Leigh ton: M.D. Uakkan d. Md. Burial Cremation, 22b. Date Thereof 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole)
£3	23/	REMOVAL (Specify) 11/19/1957 N.B. Harvey Family Cemetery 5 Mi. So. Mt. Ia ke Park. FUNEBALDIRECTOR'S SIGNATURE 7/1 ADDRESS 24a. REC'D BY REGISTRAR 740, REPOSTRAR 751GNA 1/18.
2	K	Cakland, Md. DATE///8/19 Julia 45 1500

100 IS 1024

DECENTED A

Mary 1, MA

, wonth the promise

159111 > 1211 A "

. 1 (10)

4. 8. VA 1 7 V 1 7

é. v

, 11938 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) a. COUNTY filed MARYLAND b. COUNTY MARYLAND GARREN era b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) shauld be RURAL and give nearest fown) d NAME OF HOSPITAL (If not in haspital, give street address) .d STREET ADDRESS 176 LTH STREET CRIAL 3. NAME OF First Middle 4. DATE Local Month DECEASED OF DEATH HELEN (Type or print) KING HUGIES NOVEMBER 9. AGE (In years last birthday) 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED K DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) during most of working life, even if retired) carbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ŧ MILES MARTHA CORLEY KING IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, INFORMANT Address 18. CAUSE OF DEATH [Enter only one couse per ling-log-(a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO mquires that Conditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause last **burial-transit** PAIT II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) \$19. WAS AUTOPSY 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. 20e, PLACE OF INJURY (Home, form. 20d. INJURY OCCURRED Day, Year 20f (City or town) factory, street, affice bldg., etc. Hour a.m. While Not while ol work of work 44, 19.52, that I last saw the deceased 21. I certify that I attended the deceased from Z and that death accurred at 34 M, fram the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE ø PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION. 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) CEMETER DURIAL 0 **EUNERAL DIRECTOR'S SIGNATURE ADDRESS** 24a. REC'D BY REGISTRAR 246. REGISTRAR'S SHOTPATORE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No

GATTETT

e. IS RESIDENCE ON A FARM?

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED? YES I NO I

(State)

DATE SIGNED

(Stale)

12. CITIZEN OF WHAT COUNTRY?

UNITED STATES

19

Days

(County)

Months

YES NO

Year

195

BECEINED

VS A15 (4) 15M 9/55

19

			1935	STATE DEP		ENT OF H			TIMORE	, 18	1	194	8
1. [PLACE OF DEATH	rrett			RYLAND	2 USUAL RESID	ENCE (Wh						i
	CITY OR TOWN (III RURAL ond give ne	t outside corporate limitorest lawn) t, Md e		c LENGTH OF STA	Y IN 1b	c CITY OR TO	OWN (If o	ulside corpo	orote limits, wri				
Ĺ	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, g	iva street	oddress)		d STREET AI	DRESS				•	ON A FAI YES N	RM?_
	NAME OF DECEASED (Type or print)	יואר כל ביואר לב	st TR	Midd JAM		KAHI.		4. DATE OF DEATH		Mouth → Mouth	Doy 22	Yeor	57
5. S	Mole Mole	6. COLOR OR RACE	7 MARR	RIED MEVER MARI	[8. DATE OF BIRTH), I	271	9 AGE (In ye	iγ) Months		Hours	4 HRS. Min.
	during most of work	ON (Give kind of work ing life, even if retired reretire)	١ ١	kind of Business elf-empl		Acci	dent	, Gar	rett (S . A .	UNTR
13.	FATHER'S NAME	lertine]	Kahl			14 MOTHER'S		iame Tandi	n				
15. (Yes	WAS DECEASED EVE	R IN U. S ARMED FOR (If yes, give war or dotes of s	GLANCS]	SOCIAL SECURITY N		S. Ada	Kahl	, Ac		Address , Md.			
Z	Conditions, if or gove rise to in course (a), stating lying course tost.	mmediate (A	740 card eterios	c/=,		Par	d.o.			7	WAS ALL	3
CERTIFICATION	20a. ACCIDENT WA	S UNDERLYING D CAUSE OF DEATH MEDICAL EXAMINER)	6:4									PERFORME YES N	ED?
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Manth, Day, Ye	While	NJURY OCCURRED Not while	20e PLA	ACE OF INJURY (Fitory, street, office	ome, form bidg , etc	, 20f (Cil	y or lown)		(County)		(Stote)
	21. I certify the alive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	at I attended the	deceas 193		at death	7, 19 accurred at.	3 P	_M, frai	m the cause street, city or to	es and an	the date	e stated	abavı SIGNE
	BURIAL, CREMATIO REMOVAL (Specify) PIPE 3	11/25/		22c, NAME OF CE		r crematory Juthera	l 24a PEC'	Acci	TION (City, too	Farret	st go	(Stote)	
23.	Non I	Newme	w	Grantsvi	lle.	Md.	240 REC' NOV DATE	2'9"57	JRAR QUE	1-edu	ch.		



VS A15 (4) 15M 9/55

1		MARY	LAND S	TATE DEP	ARTME	NT OF H	EALTH	I-BAL	TIMORE, 1	8	1	19	49
L		1	1940	CERT	IFICA	TE OF D	EATH	1		Reg. Dis	I. No.	16	3
1.	PLACE OF DEATH o. COUNTGarre	tt		MAR	YLAND	2. USUAL RESID	ENCE (Wh	ere deceased	lived. If institution b. COUNTY	Alleg		e odmiss	ion)
		f outside corporate limi	its, write c.	1ENGTH OF STA	Y IN 1b			utside corpo	rote limits, write R			rest town)
	A NAME OF HOSPIT	AL (If not in hospital, o	nport	(ress)		d. STREET A		stern	port		1		IDENCE FARM?
3.	NAME OF DECEASED	en jámán		Wall	Kalba	augh	1	4. DATE OF DEATH	Nov	th	2 Day		reor 1957
1	sex Male	6. COLOR OR RACE	7. MARRIED	_		May 23,		,	9. AGE (In years lost birthday) 80 yrs.	IF UNDER Months	1 YEAR Days		
100	Shop Tores	ON (Give kind of work king life, even if retired IBM	n l	nd of Business lroad she					ountry)		S.A		COUNTI
13.	FATHER'S NAME Jack Kal	baugh				14 MOTHER'S Sarah	MAIDEN N						
(Y)		R IN U. S ARMED FOR (If yes, give wor or dates of t	anues!	CIAL SECURITY N 5-12-470		FORMANT arry Kal	baugh	-West	ernport,				
	PART 1. DEA	TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO)	for (o), (b), and (c)	brof	Hemo	rich	ige.	/			MIN Vo	
	Conditions, if o gove rise to i couse (o), stoting lying couse lost.	mmediate (eno-sc	ioros	SIS Ju	d //y	pert	Lancium		3	123	73
CERTIFICATION		IER SIGNIFICANT CON	Pr	ustati	e /+	yperi	Lrup	hy		EN IN PART	1 (a) 11	PERFO	AUTOPSY RMED? NO
	(IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRI	BE HOW INJURY									
MEDICAL	Hour o.m.	Y Month, Doy, Ye	or 20d. INJU While of work	IRY OCCURRED Not while		CE OF INJURY (I ory, street, office			or town)	(0	County)		(State
	21. I certify the	at I attended the	deceased 2., 19.57	_	Juy J			_	2 1957 In the causes o				
	ACTUAL SIGNATURE	and R	Wi	loor	<u> </u>	i.o£	red	MORESS (SI	reet, city or town,	stote)	1	OV	ATE SIGN
	PHYSICIAN'S NAME (Type)	Paul R. V	Vilsa	M.M.	D,	1 apr 4 apr	*****						
	O- BURIAL, CREMATIC BUSMOYAI (Specify)	Nov. 5,	57	Philos		CREMATORY		West	FION (City, town, or property)	• • • • • • • • • • • • • • • • • • • •		Md.	
23.	FUNERAL DIRECTOR	S SIGNATURE)		ADDRESS Western	ort,	Md.	24a. REC'I	BY REGIST	rar 246 REGIS	STRAR'S SIG	ate	to	or

MECENAED ASS

BUREAU V. R.

1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	950
25	11941 CERTIFICATE OF DEATH Reg. Dist. No. / 6	6
filed with	1. PLACE OF DEATH o. COUNTY Garrett 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission o. STATE haryland b. COUNTY Garrett;	1)
pe pe	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town)	
by the fund 2 should	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION e. IS RESIDE ON A FA	Reg. Dist. No. CE (Where deceased lived. If institution: Residence before admission) Land b. COUNTY Garret; No. (If outside corporate limits, write RURAL and give nearest town) CARLAND ESS CALLAND CALLAND CARLAND CALLAND CALLAN
	DECEASED	
. Pag	last birthday) Mantha Day Mantha	
ded in bob	Months of working life, even if relired) Nest Virginia U.S.A.	OUNTRY
ve carbo	Henry Miller Mary Slabau gh	
72 hav	[Yes, no, or unknown] 1 (If yes, give wor or dates of service)	
en please r	IMMEDIATE CAUSE (0)-) + A NU D + . O N	
any ever	(b) ***** ******************************	Jan.
and in o	lying couse last.	
moval,	5 YES N	TOPSY AED? NO 🔲
the bu	OR CONTRIBUTING CI CAUSE OF DEATH OF CONTRIBUTING	
in marking	Hour o. m. While of work of two the of work of two	,,,,
orial, a	21. I certify that I attended the deceased from 19-7, ta 250 14, 19-7, that I last saw the declared and 19-19-19-19-19-19-19-19-19-19-19-19-19-1	eceasea abave
be deto iar ta b	ADDRESS (Street, city or town, stole) DATE	
raar pr	DEATH Garrett Reg. Dist. No. Garrett Carrett Carrett Carrett Carrett Carrett Colving (Founded exporate limits, write c. LENGTH OF STAY IN ID C. CUT OF TOWN) (If outside corporate limits, write RUBAL and give nearest forwal) Colkland Colving (Founded exporate limits) Colving (Foun	
page the reg	Brackly 11/16/1957 Gnegy Church Cemetery 11 Mi. So. Oakland, Md.	
(4) 55 /	28. FUNEFAL DIRECTIAR'S SIGNATURE ADDRESS Dalcikand, Md. 240. REC'D 84/REGISTRAR 246. REGISTRAR'S SIGNATURE DATE // // // // // // // // // // // // //	5ac

DEC & 1024

BECENALE

VS A15 (4) 15M 9/55

		11	942	CERTIF	CA	TE OF DEATI	H	. TIMORE, I	Reg. Dist	. No. 7	1961
1	PLACE OF DEATH	GARRETT		Магия		2 USUAL RESIDENCE (W 0. STATE L'ARYI		d lived. If instituti b, COUNTY	on: Residence		mission)
	RURAL and give r	If outside corporate limi legrest town) AKLAND	s, write	c. LENGTH OF STAY IN	1ь	C. CITY OR TOWN (IF RURAL, ROUTE			URAL and gi	ve negrest t	own)
	OR INSTITUTION	TAL (If not in hospital, g				d STREET ADDRESS BOX 135			/	j O	RESIDENCE N A FARM?
3	NAME OF DECEASED (Type or print)	EPH	Middle		Lost I.EE	4. DATE OF DEATH	NOVEM	-	Day 9,	Yeor 19 57	
	. SEX LALE	WHITE	WIDOWI		<u> </u>	CTOBER 5, 18		9. AGE (In years last birthday) 77 yrs.		YEAR IF U	NDER 24 HRS.
小	during most of wor LABORER	king life, even if refired	lone 10b.	GENERAL	NDUST	RY 11 BIRTHPLACE (Slote NARYI		country)			TATES
ľ	B. FATHER'S NAME DAVI	D LEE				14 MOTHER'S MAIDEN I					
. 1:1	WAS DECEASED EV	ER IN U. S. ARMED FOR Ilf yes, give wer or dotes of s	CES? 16 irvice)	SOCIAL SECURITY NO	17. IN JOS	formant DPH LEE (SEL	F)	BOX 135,		OAKI	AND, LD
		ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	1	NEU moni	P	LOBAR	<i>C</i> .	J		ONSET A	BETWEEN ND DEATH
1	490 X Conditions, if		A	RELIOSII	ر التاريخ	tie Ch	and.	· Per	-1	4	r-5
	gove rise to couse (o), stating lying couse lost.	the under- DUE TO	dis	erse							
CEBTICICATION	PART II. OT		DITIONS C	ONTRIBUTING TO DEATH	BUTN	OT RELATED TO THE TERM	NNAL DISEAS	SE CONDITION GIV	EN IN PART	PE	AS AUTOPSY REORMED?
		AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY OCC	URRED.	(Enter noture of injury in	Port I or Pa	rt (I of ilem 18)			
MEDICAL	20c. TIME OF INJU Hour o.m. p. m.	RY Month, Doy, Yes	7 20d. It White of wor	Not while	e. PLAC fock	CE OF INJURY (Home, form pry, street, office bldg., etc.	m, 20f. (Cit	y or town)	(Co	ounly)	(Slote)
		hat I attended the VEMBER &	deceos _, 125	ed fram DE 7, and that de	eath i	, 19 48, to	// — •M, fra	m the causes of	that I lo	ost sow the	ated abave.
	ACTUAL SIGNATURE	mm pd <	Ter	to fe.	M	D. OBILLE	ADDRESS (S	itreel, city or town,	stote)	11/9	DATE SIGNED
		ALES H. FLA				·	LARYL				
	REMOVAL (Specify	11/00-11-1	f 9571_	112 17 17 18 17 17 18		CEMETERY	NEA	R GOR	many)		Stole)
2	S FUNERAL DIRECTOR	Beldi	u.	OAKLAIY	U	M DATE	BY REGIS	TRAR 24b. REGIS	STRAR'S SIGN	FRE	70

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

NOV IS 1957

BECEINE

MEDICAL EXAMINER'S CERTIFICATE OF DEATH . 11943 TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter deoth. If any delay is necessary, please execute the certificate, writing the word "pending" in pendi in them 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwered to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for you class.

TO FULCALL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registance of the purial, cremation, orior to burial, cremotion, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. STATE **b.** COUNTY MARYLAND b. CITY OR TOWN (If ourside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 00 0, forw TO FUI 50 VS. A15ME(5)

5M 9/55

Reg. Dist. No.

ı	RURAL GORMANIA RURAL	GORMANIA
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES XI NO
= 3	3 NAME OF First Middle Lost	4. DATE Month Day Year
	(Type or print) MARSHALL TALMAGE LEWIS	DEATH NOV. 18 1857
5	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH	9. AGE III years I IF UNDER TYEAR IF UNDER 24 HRS.
ı	MALE WHITE WIDOWED DIVORCED NOU19, 180	out brithdoy) Ayrs. Months Days Hours Min.
1	100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of during most of working life, even if retired)	or foreign country) 12. CITIZEN OF WHAT COUNTRY?
L	FARMER GARRET	T MD LUSA.
1	13. FATHER'S NAME	AME /
L	EMORY LEWIS STELLA	KING.
	15. WAS DECEASED EYER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dotte of service)	Address NI II A
F	232-09-5396 MRS. DIRTH	ALEWIS GORMANIAW. VA
ı	18. CAUSE OE, DEATH [Enter only one cause per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
ı	IMMEDIATE CAUSE (a)	~ (.08)
l	Conditions, if any, which) the ANTO SCIENTS	
L	gove rise to Immediate cause	
	(a), storing the underlying DUE TO	
1		TAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
LAT.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELIGIOUS THE TERMIN	e) Drud PERFORMED? YES NO
PTIEN	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE YOW INJURY OCCURRED. (Enter noture of injury in Port	f or Port II of item (B.)
100	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, factory, street, office bldg., etc.)	20f. (City or lown) (County) (State)
3.6 E		
ı	21. I certify that I took charge of the remains described above, held on Autopsy	Inspection I, Inquiry ond find that
l	deoth resulted from: Notytol causes [1], Accident [1], Suicide [1], Homicide	, Undetermined couse .
	ACTUAL TO STATE OF THE STATE OF	DATE SIGNED
	SIGNATURE M.D. CHIEF MEDICAL EXA	
	EXAMINER'S E. I. JOHN GARTNER MD DEPUTY MEDICAL ED	_> \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
2	LACONOTAL ISDUCITY	22d LOCATION (City, town, or county) (Stole)
2	BORIAL NOU-21-1957 FAIR VIEW 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 240. PECID	TAIRDIEW MD
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D Warme C, She ale DAVIS W. VA DATE	BY REGISTRAN (24b. REGISTRAN'S SIGNATURE
브		1 10

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BAREVA K. E.

DECENTED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** 11944 Rea. Dist. No. director, iled with Page . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) . countyarrett filed v b COUNTY Garrett MARYLAND Maryland death. erai c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 ç. RURAL and give nearest lown) Oakkand should Oakland. d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE , m 15 ON A FARM? Alder St. YES NO K Alder St. NAME OF First Middle 4. DATE Last Day Yeor DECEASED 24 OF DEATH Asa Totten 2. 1957 Matthews November (Type or print) S. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED TO B. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Doys Hours Min. Male White August 13, 1875 WIDOWED [DIVORCED YES. 10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? death. Private Practice Maryland Lawver U.S.A. pup 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME š Simon Watthews Elizabeth Totten 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Oakland, Md. n o Mrs. Frances Matthews 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)." INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) acco **DUE TO** Conditions, if any, which gove rise to immediate **DUE TO** cosse (a), stating the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 19. WAS AUTOPSY PERFORMED? YES NO IN 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Day, 20e. PLACE OF INJURY (Home, form, Month. Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Slote) foctory, street, office bldg., etc.) Hour a.m. While Not while of work of work p. m. Mar. 2 1957 that I last saw the deceased 21. I certify that I attended the deceased from 19.5/, to and that death occurred at 2:30P. M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL ъ Herbert H Leighton, M.D. PHYSICIAN'S NAME (Type) Oakland, Md. TO FUNE 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION [City, town, or county] (Stote) poge Oakland Cemetery 0akland. 248 REGISTRAR'S SIONATUR FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D BY-REGISTRAR Oakland, Md. VS A15 (4)



NOV IR 1957

BUREAU V. S.

1			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
•			11945 CERTIFICATE OF DEATH Reg. Dist. No. 766
director led with		1. P	LACE OF DEATH COUNTY Garrett MARYLAND 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE West Virginia 6. COUNTY Grant
d be file		ь	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Oakland C. LENGTH OF STAY IN 1b Bayard Bayard
rs affer de by the fun 2 shauld	≥ ,	c	NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION CUPPET NUTSING HOME
led in I			IAME OF First Middle Lost 4. DATE Month Day Year OF DEATH NOVEMBER 22, 1957
l within 2. letely fill.		5. 5	FEMALE 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH WIDOWED DIVORCED NOV. 10, 1867 9. AGE (In years if UNDER 1 YEAR IF UNDER 24 HRS. WHITE WIDOWED DIVORCED NOV. 10, 1867 9. AGE (In years if UNDER 1 YEAR IF UNDER 24 HRS. White Widowed Nov. 10, 1867
od complete	1,	10o	USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) OTHER OHIO 12. CITIZEN OF WHAT COUNTRY? OHIO 18. S. A.
e bo	-	13. (JOSIAH MAY AMOTHER'S MAIDEN NAME HANNAH STOUFFER
certificate L g physicion remave cor 72 hours aff	*	15. (Yes.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address NO ARTHUR S. MAY BAYARD, W. Va.
equires that the death ce ns. signed by the attending sit permit. Then please re nd in any event within 72			18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: HAMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (o), stoting the under: Lying couse last. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] Levelul Tarcular Reservation ONSET AND DEATH Associated Conset and Consequent Consequence of the consequence of
: The low in a physicic e has been burial-trans	0	TIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II of item 10.)
PHTSICIAN; If ar offendi his certificat use as the l smatian, or o		MEDICAL CERTIFICATION	OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED Hour o. m. P, m, 19 While Not while of work
ral OR ATTENDING Frebined by the hospira A DIRECTOR: After the defected for the prior to buriel, cre	1		21. I certify that I attended the deceased from New 10. 1952 to 10. 22, 1957, that I last saw the deceased alive on 1957, and that death occurred at 2:45P M, from the causes and on the date stated above. ADDRESS (Sireet, city or lown, state) PHYSICIAN'S Herb ert H. Leighton, M. D. Oakland, Md. Oakland, Md.
may be page 3 page 3 the regit		_	BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY CUMBERLAND, MARYLAND (Stole) BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY CUMBERLAND, MARYLAND
VS A15 (4) 15M 9/55	B.	23	FUNERAL DIRECTOR'S AIGNATURE ADDRESS BLAINE, W. Va. DATE 11/23 J.

BUREAU V. L

BECEINED

		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
	/	11946 CERTIFICATE OF DEATH Rog. Dist. No.	1105
(1)		PLACE OF DEATH o. COUNTY GARRETT MARYLAND 2. USUAL RESIDENCE (Where deceated lived of institution: Residence before on STATE WEST VIRGINIA b. COUNTY PRESTON	odmission)
		b. CITY OR TOWN (If outside corporate limits, write RURAL and give near RURAL and give near town) OAKTAND ONE WEEK AURORA	est lown)
F+ .	1	d NAME OF HOSPITAL (IF not in hospital, give street oddress) OR INSTITUTION GARRETT COUNTY MEMORIAL HOSPITAL	ON A FARM? YES NOTE
	3.	NAME OF First Middle Lost 4. DATE Month Day OF DECEASED (Type or print) ALLETTA MAYER DEATH NOVEMBER 30,	Yeor 19 57
-	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 1873 FEMALE WHITE WIDOWED DIVORCED APRIL 25, 28714 WHOMED 1975 P. AGE (In years lost birthday) Months Days	Hours Min.
	10c H	to USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Own Home West Virginia 12. CITIZEN OF West Virginia U.S.A.	WHAT COUNTRY
	13.	ATTEN FORMAN 14. MOTHER'S MAIDEN NAME ATTEN FORMAN 15. MOTHER'S MAIDEN NAME ATTEN FORMAN	18
0		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address NO 18 yes, gives war or doles of terrice) NO LEWIS R. JONES, FIRST NAT'L BANK BLD'G	MD
		DADT I DEATH WAS CALISED BY.	RVAL BETWEEN ET AND DEATH
		Conditions, if ony, which gove rise to immediate (b) Article Sul=notice Canding-Renal disease of	Enns
		couse (a), stoting the under DUE TO lying couse lost. (c) O B & S . 7	C+13
i.	CERTIFICATION	PAM II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19	PERFORMED?
	l .		
	MEDICAL	20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED While Not while of work of old w	(State)
		27. I certify that I attended the deceased from Nov., 1949, to Nov. 29, 1977, that I last say	
		alive an 1957, and that death occurred at 5:50 AM, from the causes and an the date ADDRESS (Street, city or town, state) ACTUAL SIGNATURE M.D. 58 2-154. CARLY.	e stated above PATE SIGNEI 11—30—5
1		PHYSICIAN'S JAMES H. FEASTER, M.D. OAKLAND, MARYLAND	11-70-7
	220	to BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, by county)	(Stole)
	23	ENDER'S DIRECTOR CHANATURE Of ADDRESS	con V
	Ļ	J. C. Leighton Oakland, Md DATE /2/5/ fills	- 41 /A

BECEINED

11947 Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) be'filed o. COUNTY o. STATE est Virginia b. COUNTY Preston Garrett MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest lown) the fund 17 days Terra Alta d. NAME OF HOSPITAL (If not in hospita), give street oddress) d. STREET ADDRESS e. IS RESIDENCE County Memorial Hospital ON A FARM? Route No. 1. Lime Plant Road 20 YES IXI NO I NAME OF Middle DECEASED OF NOVember Thaddeus Ellsworth 11. Meese 57. (Type or print) 19 S. SEX 6. COLOR OR RACE 7 MARRIED 1 NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. (ast britingly) Aug. 27, 1886 DIVORCED ['ale White WIDOWED [10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country)

during most of working life, even if refused)

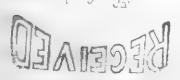
General Farming McHenry, Maryland 12. CITIZEN OF WHAT COUNTRY? General Farming McHenry, Maryland U. S. A. corbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph B. Meese 岩 Mary Welsh IS, WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT Address II. Wade Meese, Oakland, Maryland None 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN Ventricular Fibrillation PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Myocardial Infarction DUE TO Conditions, if ony, which gove rise to immediate Coronary Artery Insufficiency **DUE TO** cotte (o), stoting the underyears lying couse lost. buriol-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19. WAS AUTOPSY PERFORMED? Arteriosclerosis and Senility YES 🗍 NO 🎮 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Day, Year 20f. (City or town) (County) (Stote) factory, street, office bldg., etc. Hour o. m. While Not while of work of work 19.57, that I last saw the deceased April NOV. 21. I certify that I attended the deceased from Nov. and that death accurred at alive an M, from the causes and on the date stated above. ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE Terra Alta, W.Va. November 12, 1957 P PHYSICIAN'S NAME (Type) CHARLES E. SMITH TO FUNER 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) pode REMOYAL (Specify) Nov. 14, 1957 Thayersville Cemetery Thaversville, Md. 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D/BY REGISTRAR 24. REGISTRAP'S SIGNAPURE, > atson Terra Alta, W.Va.

Havrs ofter death.

2

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18





CERTIFICATE OF DEATH Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY **b.** COUNTY MARYLAND death. funeral b. CITY OR TOWN (If outside corporate limits, write E. LENGTH OF STAY IN 16 þ c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) shauld WANTUN SWANTON d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? YES NO D NAME OF Middle 4. DATE Month Year-Day DECEASED 24 OF DEATH NOD. ROBERT YECKNER (Type or print) 195 S. SEX AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED 🕅 NEVER MARRIED 🥅 8. DATE OF BIRTH Months Doys Hours Min. MALE DIVORCED | WIDOWED | YIS. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote of foreign country) 12 CITIZEN OF WHAT COUNTRY? death. during most of working life, even if retired) MERCHANT. MD IN GER ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MOS NNA UCKEL remove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address SWANTON REDA E offending 15 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)." INTERVAL BETWEEN ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 420.1 **DUE TO** Conditions, if any, which gove rise to immediate **DUE TO** coese (a), stating the underlying couse lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES TO NO TO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Doy, Year (County) (Stote) Hour a.m. factory, street, office bldg., etc.) While Not while of work of work 21. I certify that I attended the deceased from . , and that death occurred at 1.30 A M, from the causes and on the date stated above. ADDRESS (Street, zity)or town, state) DATE SIGNED ACTUAL SIGNATURE 0 101 THIRD ST., OAKLAND, MARYLAND PHYSICIAN'S A E MANCE FUNE 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stole) abod may REMOVAL (Specify) CEMETER OSEH URÍAL 0 ADDRESS ZAL. REGISTRAR'S STOR FUNERAL DIRECTOR'S SIGNATURE 240. REE'D BY REGISTRAR VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

SECEINED

					STATE DEPARTA	NENT OF H	EALTH—B	BALTIMO	RE, 1	8 ,	1197	8
			113	349	CERTIFIC	ATE OF D	EATH			Reg. Dist. N	io. /6	6
	1.	PLACE OF DEATH COUNTY	rrett	- · · · · · · · · · · · · · · · · · · ·	MARYLAND		OENCE (Where de		institutio OUNTY	ni Residence bi		ion)
155	1	b. CITY OR TOWN (I RURAL ond give n Oals and	If autside corparate limit eorest town)	s, write	c LENGTH OF STAY IN 16		own (If outside		, write RU	IRAL and give I	nearest fown)
0-		OR INSTITUTION	ral (If not in hospital, g sing Home	_	kland. Md.	d. STREET A	DORESS	1				IDENCE FARM?
	3.	NAME OF DECEASED (Type or print)	EMM A	it	Middle KAHL	RICHT 3	0	FATH Nove		r 3	}	Yeor 1957
11		sex Female	White	WIDOWE		May 1,	1880		n years rthdoy} yrs.	Manths Day		
4	7 L	Housewi	ON (Give kind of work t king life, even if retired) f	ione 10b	wn home	Acci	dent, !	aign country)		U.S.	_	COUNT
			wig Kahl			Unk	MAIDEN NAME					
٥	10		R IN U. S. ARMED FOR (1) yes, give wer or dates of si			Alter R	ichter,	'ccid	Addr lent		*************************	
			mmediole (CE	tenisselen					/	NTERVAL BE NSET AND	DEATH
	CERTIFICATION	PART II. OT	LEFF	1-	CRIBE HOW INJURY OCCUR	24 10 1	957			EN IN PART I(o	PERFO	AUTOPSI PRMED?
V 1	ICAL		RY Month, Doy, Yes	While	NJURY OCCURRED 20e I	LACE OF INJURY (I octory, street, office	Home, form, 206 a bldg , etc.)	. (City or town)		(Coun	ly)	(State
	/	21. I certify the alive on 100 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	C		ed fram 2, and that dear	MD. 58	8:20am,	fram the co	or town,	nd an the o	date state	ed aba
	23	BURIAL, CREMATIC REMOVAL (Specify Plint 27)	11/6/57	-	Zion Luthe ADDRESS	ran		LOCATION (City Didntont REGISTRAR (2)	Gar REGIS	rett (

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

166

NOV 12 1957

DECENALD

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

DECENALD

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 11951 4 should be cremation, Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) PLACE OF DEATH o. COUNTY GARRETT b. COUNTY o. STATE MARYLAND GARRETT MARYLAND burial, b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn) HOURS SWANTON OAKTAND 0 director. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) H. STREET ADDRESS e. IS RESIDENCE ON A FARM GARRETT COUNTY MEMORIAL HOSPITAL YES NOT NAME OF DECEASED 4. DATE **First** Lost Month Day Year funeral 19 57 (Type or print) FREDA CREOLA SWEITZER DEATH NOVEMBER ţ 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE tin years S. SEX 6. COLOR OR RACE IFUNDER TYEAR IF UNDER 24 HRS. 2 with the Months AAin. Davi Hours WIDOWED IT FEMALE DIVORCED I yrs. ₽ 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 3 12. CITIZEN OF WHAT COUNTRY? pup Own Ho me pup å MARYT.AND 13. FATHER'S NAME moy 14. MOTHER'S MAIDEN NAME ARTHUR RHODES ROSE BUCKALEN Pages age 5 n 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Give HOWARD MARYLAND SWEITZER. SWANTON. UNKNOWN PM3. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cerebral Hemorrhage Form 11 Hours IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate cause DUE TO (a), staling the underlying Hypertension couse lost. ō PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19, WAS AUTOPSY 50 PERFORMED? YES T NO DO 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED, lenter noture of injury in Part I or Part II of item 18.1 Exami 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Medical Page 3 sh factory, street, office bldg., etc.) While Not while g. m. at work D. M. at work writing 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection . Inquiry . and find that Certificate, wn... to the Chief . DIRECTOR: 1 death resulted from: Natural causes F Accident | . Suicide . Homicide , Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 02 EXAMINER'S NOVEMBER 13. 1957 BAUMGART DEPUTY MEDICAL EXAMINER NAME (Type) 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL CREMATION, 226. DATE THEREOF 22d. LOCATION (City, town, or county) (Stole) è REMOVAL (Specify) 0 George Burian Swanton Md ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Oakland, Md. VS. A15MEIS DATE 5M 9/55

is necessary,

duy

TO DEPUTY MEDICAL EXAMINER:

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

DEC € 1957

BECEINED

1			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11	964/
8 1 8 A	-		11952 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rog, Dist, No.	166
should b	M.	1,	PLACE OF DEATH a. COUNTY GARRETT MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before a COUNTY GARRETT MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before a COUNTY GARRETT MARYLAND	PETT,
iol,		E	b. CITY OR TOWN (If outside corporate limits, write BURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write BURAL and give no	1 1- 1
Poge Poge			MT. LAKE PARK XOMT. LAKE PARK.	
rector.	00	-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	e. IS RESIDENCE ON A FARM? YES NO
0 0		3.	NAME OF First Middle Lost 4. DATE Month Day	Year
funeral r yau regis			(Type of print) CUSY KATHRYN UKNOY DEATH NOV. 2/2	1957
느 마우 ㅋ	1	5. 5	fort birthday) Months Dens	Hours Min.
d 3 to 19 retained 2 with 18	1	1	EMALE WHITE WIDOWED DIVORCED 1 Oct 17-1901 56 yrs.	WHAT COUNTRY
		100	during most of warking life, even if retired)	SA.
5 . 4 5	1	13.	HOUSEWIFE CLEVELAND OHIO U.	0,11
oges 1, 2 ge 5 may pages 1		F	FRANCIS VANTYNE. WINIFRED WARNER.	
Poge !!!e po	-	1S.	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address	
= > 66-	0		HARRY TURNEY MT, LAKEP	ARK. M
18. Gi			ONSET	AND DEATH
E E &			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) AYOCADDIAL INFARLT 100	daye
oe exection of the with for Fransit			420,1 DUE TO	
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			Ganditions, if any, which gove rise to immediate cause	
pencil along buriol			(a), stoling the underlying DUE TO cause lost.	
fice in		ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19	. WAS AUTOPSY PERFORMED?
nding S O o	0	CATI	YI	ES NO
8 2 8		CERTIF	20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part II of item 18.)	
the word dicol Exam a 3 shauld		MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) While Nat white of work at wark	(State)
Med			21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry	and find tha
oote, wri			death resulted from: Natural couses , Accident , Suicide , Homicide , Undetermined cause .	
He see			ACTUAL CONTROL OF THE ACTUAL EVALUATION OF	DATE SIGNED
t of I	10%		SIGNATURE M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	Λ
A DAD	04		EXAMINER'S E), BOY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER D	25/57
o Feet o		220	O. BURIAL CREMATION, 226. DATE THEREOF 22C. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, rown, or county) REMOVAL (Specify) REMOVAL	(Stote)
- =	D		BURIAL NOU 25-1957 OAKLAND CEMETERY OAKLAND FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246. RECD/BY REGISTRAR (2/b. REGISTRAR'S SIGNATURE)	/10
/S. A1SME(S) SM 9/55	ON	1	EMPON BORGERO AKLAND MD. DATE /25/57 Julian Allow	om the
3M 7/39	100	-	the state of the s	

DEC ₹ 1023

BECENED